



ARIZONA DEPARTMENT OF HEALTH SERVICES

**HEARING AID DISPENSER
BUSINESS ORGANIZATION LICENSE APPLICATION**
(For Initial and Renewal Licenses)

IDENTIFYING INFORMATION (Please provide the following information):

Type of License Applied For:			
<input type="checkbox"/> Initial Business Organization License	<input type="checkbox"/> Renewal Business Organization License		
Type of Organization: Check Appropriate Box			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust		
<input type="checkbox"/> Partnership	<input type="checkbox"/> Unincorporated Association		
<input type="checkbox"/> Other Organization (Specify): _____			
Business Legal Name:			
Arizona Business Name:			
Business Mailing Address	City	State	Zip Code
Business Telephone Number: ()			
Please List any Other Business Names Being Used by this Organization (dba, etc.):			
Identification of Individual Authorized by the Business Organization to Receive Service of Process in Arizona:			
Name:		Title:	
Address:	City	State	Zip Code
Telephone Number: ()			

LISTING OF ALL ARIZONA BUSINESS LOCATIONS: (Use additional sheets if necessary)

Name:	Address:	Business Phone #

LICENSE HISTORY (List all current or previous Hearing Aid Dispenser Licenses held by this Organization in any State or other Jurisdiction. Use additional sheets if necessary)

Jurisdiction	Type of License	License #	Date Issued	Current Status (If Expired Provide Date of Expiration)

PROFESSIONAL BUSINESS / EMPLOYEE CONDUCT: (If the answer to either of the following questions is Yes, explain fully in a separate signed and dated affidavit)

Has this Business Organization:	Yes	No
Had a Hearing Aid Dispenser License suspended or revoked in any State or Jurisdiction within the past two years, and/or been notified of current ineligibility for licensure in any State or Jurisdiction due to prior revocation or suspension?	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL BUSINESS / EMPLOYEE CONDUCT - CONTINUED:

Has a Hearing Aid Dispenser Working for this Organization:	Yes	No
Had a Hearing Aid Dispenser License suspended or revoked in any State or Jurisdiction within the past two years, and/or been notified of current ineligibility for licensure in any State or Jurisdiction due to prior revocation or suspension?	<input type="checkbox"/>	<input type="checkbox"/>

LISTING OF CURRENT LICENSED EMPLOYEES OF THIS ORGANIZATION WORKING IN ARIZONA: (Use additional sheets if necessary)

Last Name	First Name	MI	Arizona License #	Business Telephone Number

FEES: The following fees apply to the licensure of Organization Hearing Aid Dispensers

For Initial Business Organization Hearing Aid Dispenser License - Submit a separate **\$100.00 Non-Refundable Application Fee** and a **\$100.00 License Fee** (Checks or Money Orders payable to: Arizona Department of Health Services) with this Application.

For Renewal Business Organization Hearing Aid Dispenser License – Submit a **\$100.00 Renewal License Fee** (Check or Money Order payable to: Arizona Department of Health Services) with this Application

UNLAWFUL ACTS: A.R.S. § 36-1936 provides that no person may willfully make a false, material statement in an application for a license or for renewal of a license. This application must be signed and include all required information.

Your signature(s) on this application indicates that you have provided correct and accurate information in this document. Failure to disclose material information may result in your application for license being denied. Any material information not disclosed in this application may result in any license that has been issued to be suspended or revoked.

REQUIRED SIGNATURES: Arizona Administrative Code Rule R9-16-303.C.1.g. requires the following signatures on this application:

For a Corporation -----	Two Officers
For a Partnership -----	Two Partners
For a Trust -----	The Trustee, or Two Trustees if the Trust has multiple trustees
For an Unincorporated Association -----	Two Officers
For a Limited Liability Company -----	The Designated Manager, or Two Members if a manager is not designated
For a Political Subdivision or Government Agency -	The Political Subdivision Head or Agency Head
For a Sole Proprietorship -----	The Owner

***I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS
TRUTHFUL, COMPLETE AND ACCURATE.***

PRINTED NAME OF APPLICANT AND TITLE

SIGNATURE OF APPLICANT

DATE

PRINTED NAME OF APPLICANT AND TITLE

SIGNATURE OF APPLICANT

DATE

Mail completed application and all required documentation and fees to:

Arizona Department of Health Services
Office of Special Licensing
150 North 18th Avenue, Suite 460
Phoenix, Arizona 85007